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Reprinted from the CINCINNATI LANCET-CLINIC, July 17, 1897.

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APPENDICITIS—REPORT OF FOUR CASES.

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While much has been written upon this subject, the report of rare cases is always of exceeding interest. The following reports are not without their peculiar interest, three of which may cause suspicion to arise as to the contagiousness of appendicitis.

CASE I.

Boy, white, aged eight years, referred by Dr. Insko, of Bratton, Ky., who, in connection with Dr. Moore, had rendered service for the two weeks previous to the attack. The onset was severe. The appendicular region was tender and the seat of great pain, and the rigidity of the abdominal muscles intense. During the first few days of the attack the escape of a few intestinal worms created some doubt in the minds of the attending physicians as to the cause of the trouble. Tumefaction was not present during the first few days, but soon became prominent and continued so. Considerable morphine was used to relieve the painful paroxysms.

I first saw the patient on the fourteenth day of the disease, and advised immediate operative interference. A considerable amount of pus had escaped through the bowel at various times during the two weeks of the attack.

Assisted by Drs. Moore and Insko, the abdomen was opened under chloroform narcosis, and an extensive tumefaction brought to view. The adhesions were extensive, involving the

mesentery, omentum, intestines and abdominal parietes. These tissues were separated with the fingers and a ragged appendix brought to view. A cavity of pus about the size of a quail's egg opened into the intestinal tract. The appendix was ligated and removed, the cavity thoroughly wiped out with dry sterilized gauze, the abdominal wall united with silkworm-gut, and dry gauze placed over the wound with adhesive strips, water not having been used in the operation.

It is barely possible that one or more intestinal worms might have been the exciting cause of this diseased appendix.

CASE II.

Man, white, aged forty years, father of the boy eight years of age (Case I), cared for by Drs. Insko and Moore, and operated upon twenty-three days after the operation upon the son. This patient had not been well for several months, but felt especially indisposed on the day of operation upon the boy. He did not, however, take his bed until eight days later, after which he remained in bed until the twenty-third day, when I was called into consultation and operated, with the assistance of Drs. Insko, Moore and Wells. The temperature at time of operation was but 100.5° —about what it had been for three weeks. There was considerable pain and tenderness in the region of the appendix, without any perceptible

presented by the author

tumefaction. The lower end of the organ had become solid from inflammation, so that the pus, about ten drops in amount, was found near the base of the appendix. The ligature was applied, stump returned and incision closed. The operation was uneventful and the recovery prompt.

The infection was in all probability the result of impure drinking-water.

CASE III.

Man, aged forty years, physician, had suffered for twenty years with what several physicians, with himself, supposed to be indigestion. Pain was always more or less constant in the appendicular region, but without tumefaction. The tenderness was marked under nearly all circumstances. Vomiting would occur occasionally during the morning, sometimes before and sometimes after eating. Long rides on a horse were attended and followed many times by severe pain. It was necessary on one occasion to discontinue practice for one year on account of general debility, as a result of the pain and its consequences. Never had he suspected disease of the appendix until one of his patients (the boy above referred to, Case I) had been operated on. This suspicion was intensified after operation upon the father of the lad twenty-three days later. The next severe attack convinced the patient that his appendix was diseased.

About eight weeks from the time the boy was operated upon I removed an appendix from the physician five and one-half inches long. The end of the organ was adherent to the abdominal wall near the external ring; the adhesions were extensive, requiring several ligatures to secure perfect hemostasis. The organ was freed, ligatured, cut off, the stump cauterized with pure carbolic acid and returned to the abdominal cavity. The abdominal incision was closed with interrupted silkworm-gut sutures, no drainage being employed. Recovery was uneventful and happy, the patient, before leaving the hospital, having gained in weight and lost the haggard, careworn expression so commonly seen in chronic dyspeptics.

The variety of appendicitis here met with might properly be termed the obliterating form, for the organ was so thickened that the lumen was almost obliterated throughout, a small amount of pus and broken down tissue filling up the remaining cavity.

This case was of exceeding interest on account of its long duration, the obscurity in diagnosis and its great liability to be mistaken for renal calculus, as the patient had passed several small stones during his period of long suffering.

CASE IV.

Chas. C., aged nineteen, printer, referred by Dr. Beebe with diagnosis of appendicitis. On entering hospital patient was in a condition of moderate shock, pulse 120, temperature 102.5°, and suffering great pain diffused over entire abdomen, and more particularly localized in right iliac fossa. Palpation of the abdomen revealed rigidity of right recto muscle, with marked tenderness on slight pressure. Unable to detect tumor by palpation, but the right iliac prominence and induration indicated mischief beneath the overlying structures.

Under chloroform narcosis an incision three inches in length was made over the most prominent point of tenderness. Upon division of the tissues the congested gangrenous portion of the omentum projected into the wound; this was ligated with silkworm-gut and cut away. The underlying intestines presented a congested appearance, and were loosely matted together, upon separation of which about three ounces of fetid pus flowed from the wound. The appendix was located and found to be extended and gangrenous, with pus flowing through multiple sieve-like openings. It was quickly delivered, ligated and removed and the stump returned to the abdominal cavity. The abdominal wound, omentum, and contiguous peritoneum were simply wiped off with dry gauze, no water or fluid having been used in cleansing. The region of the stump was loosely packed with about three yards of plain sterilized gauze, most of which was allowed

to hang from the wound, the upper portion of which was closed with four silkworm sutures, a light compress placed over the wound and the patient returned to bed. The pulse declined to normal frequency, and temperature, which had been 102° and over, returned to 99.2° , above which point it did not rise during period of convalescence, which was prompt and effective. The gauze was removed forty-eight

hours after operation, and a simple pad of gauze placed over the incision. Considerable pain was complained of and promptly relieved by saline cathartics, etc. The sutures were removed on the tenth day, the wound having cicatrized except at the lower angle, through which the gauze drainage had projected. Patient left the hospital on the fourteenth day, fully convalescent.

